



**Indiana
Professional
Licensing
Agency**

Board of Pharmacy
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2067
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Pharmacist Renewal

Your pharmacist license in the state of Indiana expires on June 30, 2014. You may renew your license online at www.pla.in.gov. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$160.00 to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after June 30, 2014 you must include a \$50 late fee. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address

Licensee Name	License Number	Expiration Date	Renewal Fee \$160.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS

1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?	YES	NO
2. Since you last renewed, have you been denied a license, certificate, or permit in any state?	YES	NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	YES	NO
4. Since you last renewed, has a patient brought a civil action against your for a breach of your professional duties?	YES	NO
5. Since you last renewed, have you been denied the privilege to dispense and/or fill prescriptions for a third party payer or government run healthcare plan/program; or have you been denied the rights to handle or fill prescriptions for certain types or classes of drugs?	YES	NO
6. Since you last renewed, have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?	YES	NO
7. Do you want to put your license in inactive status? If you answer 'Yes' the CE requirements are waived.	YES	NO

LICENSEE AFFIRMATION

I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Board of Pharmacy statutes and rules and have answered the questions true to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including license cards and INSPECT requirements, or email the Board at pla4@pla.in.gov.

"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at www.in.gov/cutredtape." -Nicholas W. Rhoad, Executive Director



FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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